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Application Number	10/781,078
Filing Date	February 18, 2004
First Named Inventor	Schuler, E.
Title	See Appendix A
Art Unit	3782
Examiner Name	A. M. Schuler
Attorney Docket Number	920607-95550

I hereby revoke all previous powers of attorney given in the above-identified application.

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Name	Registration Number
Ralph C. Francis	38,884

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<input checked="" type="checkbox"/> Firm or Individual Name	Francis Law Group				
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	1/31/05
Name	Daniel S. Ballet	Telephone	(505) 944-0231
Title and Company	Vice President - Science Medicus, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

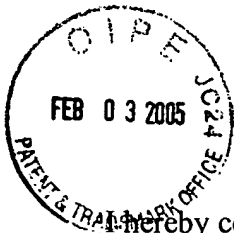
This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Appendix A

**Title: Implantable Method To Regulate Blood
Pressure By Means Of Coded Nerve Signals**



CERTIFICATE OF MAILING

I hereby certify that the enclosed documents are being deposited with the United States Postal Service on this date 1-31-05 in an envelope as "First Class Mail" addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Danielle Gragg

Name of person mailing document

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